100101-000300US

Ori Gerstel

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

Application Number | Unknown

First Named Inventor

□ Declaration □	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)								
Submitted OR		Filing Date	Herewith						
With Initial Filing		Group Art Unit	Unknown						
		Examiner Name	Unknown						
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM USING PLANNING INFORMATION TO MODIFY OPERATION OF A DIGITAL NETWORK									
the specification of which (Title of the Invention)									
is attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filling date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy	Attached?				
rannoer(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
·									
	-								

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab		37490		OR	Correspondence address below		
Name							
Address							
City	State	ZIP			IP		
Country		Teleph	one		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Ori (first and middle [if any])		Family Name Gerstel or Surname			tel		
Inventor's Signature	· D/C			Date	3.29.04		
Los Altos	CA		United	States	United States		
Residence: City	State	Country		try	Citizenship		
1560 Netson Way							
Mailing Address							
Los Altos			94024	•	United States		
City	State	State Zip		Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			ily Nam urname				
Inventor's Signature		,		Date			
-							
Residence: City	State	···	Count	try	Citizenship		
Mailing Address							
City	State		Zip		Country		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number

Application Number Unassigned Herewith **Filing Date POWER OF ATTORNEY OR First Named Inventor** Ori Gerstel **AUTHORIZATION OF AGENT** Unassigned **Group Art Unit** Unassigned **Examiner Name** Attorney Docket Number 100101-000300US

I hereby a	ppoint:						·		
☑ Practitioners at Customer Number 37490					▶	Place Customer Number Bar Code			
OR	222(2) 222	and balaus				L	Label he		
Practitioner(s) named below:									
}		Name Registration Number							
-		· ·-·,							
}									
		<u> </u>							
L				_			<u> </u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.									
Please cha	Please change the correspondence address for the above-identified application to:								
	oove-menti	oned Customer N	lumber.				Place C	ustomer	
OR Practitioners at Customer Number Number Bar Code Label here									
OR Label Here									
Firm <i>or</i>	al Name								
Address									·
Address									
City				Sta	ate	-	ZIP		
Country				_					
Telephone				F	ах			·	
I am the:									
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71.									
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name	Ori Gers	tel			-				
Signature	201/5								
Date 3.29.54									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of forms are submitted.									

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.